ANNUAL REPORT CAPTIVE-BRED WILDLIFE REGISTRATION FOR CALENDAR YEAR (Report Due by March 31 of following year)

Permittee	Permit number
If location or address has changed since last year, indicate new loca	ation and date of change:
Address	

TYPE OF ACTIVITY ¹	DATE OF ACTIVITY ²	QUANTITY SEX (M/F/?) ³	SCIENTIFIC NAME ⁴	COMMON NAME	PERMIT NO./NAME/COMPLETE ADDRESS ⁵	COMMENTS

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- 1. Type of activity: List births (if survived more than 30 days) and deaths at your facilities, and then list other types of activities (purchase, sale, loan, donation, gift, trade, export or euthanasia, include reason for euthanasia in comment column).
- 2. Date of activity is date it occurred, not necessarily the date specimen was born or transferred.
- 3. Sex (M=Male; F=Female; ?=unknown).
- 4. Include only exotic species listed as Endangered or Threatened under the U.S. Endangered Species Act.
- 5. Permit # and name and address of other CBW registrant involved in the transaction.

This form may be copied. Additional information may be attached to the report. Use of this form is not mandatory; however, the same information must be submitted if using an alternate form.

MAIL YOUR REPORT TO: USFWS, Division of Management Authority 4401 N. Fairfax Drive, Rm. 700 Arlington, Virginia 22203

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